Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING IL6006076 09/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 N W 9TH AVENUE MERCER MANOR REHABILITATION ALEDO, IL 61231 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210d)1)2) 300.1620a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, Attachment A seven-day-a-week basis: **Statement of Licensure Violations** 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6006076 B. WING 09/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 N W 9TH AVENUE MERCER MANOR REHABILITATION ALEDO, IL 61231 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. These regulations were not met as evidence by: Based on interview and record review the facility failed to administer medication as ordered by the physician for one resident (R2) of five residents reviewed for medication availability in the total sample of seven. Findings Include: The Facility's "Administering Medications" Policy dated 3/1/19 shows "Purpose: To ensure safe and effective administration in accordance with physician orders and state/federal regulations." The Policy also documents "Medications shall be administered in physician's written/verbal orders upon verification of the right medication, dose, route, time and positive verification of the resident's identity when no contraindications are identified and the medication is labeled according to accepted standards."

ı		Department of Public						
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006076		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
l			B. WING		09/11/2019			
ı	NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, STATE, ZIP CODE				
	MERCE	MERCER MANOR REHABILITATION 309 N W 9TH AVENUE ALEDO, IL 61231						
	(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIESED OF T	LD BE COMPLETE		
	\$9999	The Facility's "Administering Medications" Policy dated 3/1/19 shows "Medications should be administered within one hour of the prescribed times." The Facility's undated "Pharmacy Services Agreement" documents "(The Pharmacy) agrees to provide prescription and over the counter medications, whether oral, IV (Intravenous), topical or otherwise, and pharmacy supplies (collectively the "Services") to Facility as requested by Facility pursuant to the order of the resident's attending physician or for Facility's account. Such Services will be packaged to meet the specifications of the OPUS 14-day medication distribution system. (The Pharmacy) agrees to provide the Services in accordance with professional standards and all laws, rules and regulations that apply or relate to the performance of the Services." The Facility's "Pharmacy Services Agreement" also shows "(The Pharmacy) agrees to provide delivery services to Facility twice daily Monday through Friday, and on Saturday until 6:00 P.M. for new orders only, and on an emergency basis,		\$9999	DEFICIENCY)			
		for new orders only, except for circumstarits control, which will situations where (The manufacturer/supplier required item and (TI provide an acceptable R2's Physician Order order dated 5/6/19 th tip) catheter with 60 r	and on an emergency basis, nees and conditions beyond include, but not limited to a Pharmacy's) It is unable to provide the the Pharmacy) is unable to					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED. B. WING IL6006076 09/11/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 N W 9TH AVENUE MERCER MANOR REHABILITATION **ALEDO, IL 61231** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 R2's Medication Administration Records For July, August, and September show that the Acetic Acid was marked "Unavailable" on 7/22/19,7/23/19,8/6/19,8/20/19,8/26/19,8/27/19,8/ 28/19,8/29/19,8/30/19,8/31/19,9/1/19,9/2/19,9/3/1 9 and 9/4/19. R2's Nurse's Notes shows on 9/5/19 at 12:00 P.M. V3 (Registered Nurse) documented "Resident complained of feeling obstructed via his catheter evidenced by urge to void (urinate) and feeling quite uncomfortable over the bladder area. Lower abdomen found to be firm. V4 (Physician) notified at 10:45 A.M. and he stated to flush it with the 0.25% Acetic Acid solution or sterile water if the Acetic Acid isn't available. The pharmacy called two times and a previous order was faxed to them and delivered at 11:15 AM. Resident evacuated his bowels and this RN attempted to flush his (catheter) with Acetic Acid solution but it was occluded and could not be irrigated. (Catheter) was removed intact and replace. 700 ccs (Cubic Centimeters) of urine returned immediately and resident stated immediate relief. V4 (Physician) was sent a fax informing him of the (catheter) replacement and the plan to resume the Acetic Acid solutions flushes nightly." On 9/10/19 at 2:00PM V2 (Director of Nurses) confirmed that the Acetic Acid Solution was not delivered by the pharmacy and therefore not given on the dates it was listed as unavailable. V2 stated "It (The Acetic Acid Solution) should have been given or the doctor should have been notified of unavailability of the solution for hold order or to change the flushes to saline." (B)